

AMHE NEWSLETTER

HAITIAN MEDICAL ASSOCIATION ABROAD
ASSOCIATION MEDICALE HAÏTIENNE À L'ÉTRANGER

SUMMER 2018

JUNE 25



AMHE NEWSLETTER

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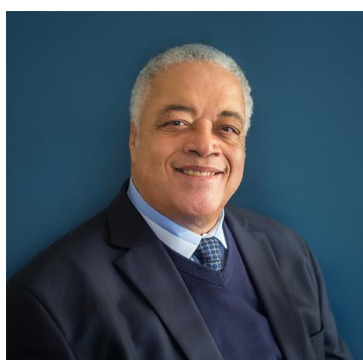
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Words of the Editor in Chief:

Hypoactive Sexual Desire Disorder

Hypoactive Sexual Desire Disorder called also Female sexual arousal disorder is a disorder defined by a persistent inability to attain or maintain arousal until of a sexual activity. This diagnosis can also refer to inadequate lubrication normally present at arousal and

sexual activity. There are other conditions sexual dysfunctions such as Anorgasmia (absence of Orgasm) and Hypoactive sexual desire disorder (absence sexual fantasies / absence of desire for sexual activity) which need to not be confused with. In recent years, it becomes more common to use testosterone to treat female dysfunction.

Psychological factors and physical factors have been investigated in these disorders with windows on adolescence and childhood experiences. The impact of individual factors such as stress, fatigue, Health and gender identity or dysfunctional sexual beliefs have shown to affect sexual desire. Over exposure to pornography lead to poor image, self-consciousness and lower esteem resulting in

an inability to attain sexual pleasure. Sexual dysfunction can also occur secondary to major psychiatric disorders, including depression. Finally, factors exploring interpersonal factors in sexual dysfunction especially in relation to orgasm can play a role.

The quality of a relationship of sexual partners distressed or sexually dysfunctional, was approached based on attitudes or events resulting in satisfied relationships. The social context with the cultural backgrounds was also taken in consideration.

The Ovarian hormones influence female sexual desire but is conditioned by Pregnancy. Physical factors have been more than 70% of the time responsible of sexual dysfunction leading to

In this number

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neurological or circulatory components. In men these factors were extensively studied in premature or retarded ejaculation as well as erectile dysfunction. In women, the physiological factors in female sexual function is not so clear. More recent studies may prove an impairment in female with Diabetes Mellitus. Indeed, Kenneth Maravilla, Professor of Radiology and Neurological Surgery and Director of MRI Laboratory at the University of Washington in Seattle has reported less brain activation in a small pilot group of diabetic women with increase in activation in the "Amygdala" and the temporal lobes while women with no sexual difficulties have demonstrated deactivation. This may suggest an area of Inhibition where a lack of selective serotonin reuptake inhibitors can cause sexual dysfunction in the women like it is seen with women taking selective serotonin reuptake inhibitors (SSRI's).

Kaplan suggested that sexual dysfunction be based on interpersonal, intrapsychic and behavioral components. Guilt and Anxiety as well as performance anxiety and failure to communicate were found partly responsible.

The American Psychiatric Association Diagnostic criteria in 1994 were based on:

- 1- Persistent or Recurrent inability to attain or maintain an adequate lubrication/swelling response of sexual excitement until completion of sexual activities
- 2- The sexual dysfunction is not accounted by another axis of sexual dysfunction.
- 3- The dysfunction causes marked distress and interpersonal difficulty

There are limitations and variations in the

definitions. How long it takes to have a lubrication- swelling response or how long it takes to become aroused? Responses will differ from one woman to another especially whenever they will report the evidences differently. They may be aroused occasionally by different partners and not by their spouse by example. How Long the disorder has existed? Finally, a combination of psychological factors.

Treatment:

There is only one treatment approved by the FDA for this condition with the use of Flibanserin medication. Unfortunately, there are often no correlation between women subjective and physiological arousal. One problem with the current definition is that subjective arousal is not included. There is often no correlation between women's subjective and physiological feelings. Another criticism for female sexual arousal disorder is that we may not be always sure that we are dealing with an actual disorder, or an invention of the pharmaceutical companies to promote billion-dollar companies. This does not include women who have experienced a loss of libido following hysterectomy.

Sexual arousal disorder is rarely a solitary disease in which vaginal lubrication/swelling is being judged to allow sexual encounters to have sex. We hope that we have demonstrated enough light on such complex problems. I would suggest more reading as well on this topic.

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PEDOPHYLLIE , UN ACTE SUBTIL AUX CONSEQUENCES TRES GRAVES

De temps a autres sévit a travers les sociétés et les communautés sous-jacentes, un peu partout dans les différentes cultures, un problème récurrent de pédophilie ou plus précisément de rapports sexuels ayant lieu entre adultes et enfants des deux sexes en bas âge, généralement considérés comme étant des mineurs.

C'est quoi la pédophilie? Elle se définit comme étant une pathologie mentale en vertu de la quelle, un adulte recherche ou éprouve un désir intense d'entrer en relation sentimentale avec un être bien plus jeune. Le mot tiendrait son étymologie de deux racines grecques dont l'une (pedos) signifierait enfant, et l'autre(phyllia) serait l'équivalent de désir, penchant ou amour. La pédophilie embrasse aussi le domaine de la pornographie infantile. Par exemple, visiter des sites en rapport avec des activités sexuelles sur enfant, transmettre a une tierce personne des photos de parties intimes d'enfants sont aussi des infractions a éviter.

Il est juste de rappeler que la pédophilie est une maladie mentale et pas un crime, et que l'Etat recommande des traitements appropriés pour de tels individus. Par contre, une fois que la ligne rouge est franchie , et que ces individus commencent a s'en prendre aux enfants , cela devient automatiquement un crime qui est sanctionné avec toute la rigueur des lois existantes. Le prédateur sexuel est celui qui, malade ou pas, a déjà franchi cette ligne rouge. Il existe plus d'une façon d'expliquer un tel comportement chez les adultes.

D'abord il s'agirait d'une inhabilité pour le

cerveau de détecter le stimulus environnemental approprié pour éveiller son sens sexuel. Il voit la beauté dans l'enfant au lieu de la chercher dans un adulte, son alter ego

D'après certaines recherches, la pédophilie serait le fruit d'un arrêt de développement émotionnel qui garderait l'adulte fixé émotionnellement a un stade de l'enfance sans parvenir a faire une transition en douceur vers l'âge adulte qu'il a atteint.

On pense aussi que par esprit de domination ou par complexe d'infériorité, certaines gens recherchent des relations avec des partenaires plus jeunes ou immatures donc plus aisément malléables.

Enfin d'après certaines analyses les gens qui abusent des enfants ont été eux-mêmes des victimes d'abus sexuels au cours de leur enfance.

Ils auraient alors une peur d'avoir une relation normale d'adulte a adulte.

Le problème de la pédophilie doit s'examiner non seulement d'un point de vue psychologique, mais mérite aussi d'être exploré sous l'angle de la moralité, aussi bien que du point de vue des implications sociales énormes qu'il entraîne.

D'un point de vue moral, la pédophilie est cette relation qui voit un majeur s'engager dans une relation avec un partenaire encore émotionnellement immature, donc incapable d'être consentant. Il s'agit toujours d'une relation biaisée donc une relation ou les partenaires ne traitent pas d'égal à égal. La morale conventionnelle demande que l'on ne fasse guère à autrui ce que l'on ne voudrait pas qu'on nous fit à nous-mêmes. Les enfants, comme les fleurs, s'ils doivent produire des fruits doux et agréables, ont besoin d'éclorre, de

grandir, de s'ouvrir au soleil et de s'épanouir. D'un point de vue social, la pédophilie a des conséquences fâcheuses non seulement pour la victime mais aussi pour celui qui performe l'action sur un mineur. Si la victime se souvient toute sa vie d'avoir été en proie à des abus, les déboires du criminel n'en sont pas moins grands. D'abord il a de plus en plus de difficultés à être accepté dans la communauté ou elle réside. Chaque fois qu'il déluge dans une nouvelle communauté, il a pour devoir de se faire enregistrer en tant que prédateur sexuel. Souvent les gens de la communauté, inquiets pour la sécurité de leurs enfants, protestent jusqu'à ce que la personne soit forcée de se déloger ailleurs. Il existe des signes avant-coureurs capables de vous mettre sur la piste d'un prédateur. C'est un mauvais signe quand des adultes offrent à votre enfant des cadeaux chers ou le touchent de manière inappropriée. Eviter toujours que des adultes soient laissés seuls avec vos enfants dans des endroits isolés..

Surveiller ceux-là qui partagent avec vos enfants des informations trop avancées pour leur âge.

On se souviendra que la majorité varie d'un état l'autre et que dans certains cas ou les parents sont incapables de prendre soin de l'enfant, celui-ci devient peut acquérir son émancipation s'il est prouvé qu'il est capable de prendre soin de lui-même. En tout état de cause, il est formellement interdit d'avoir des relations avec des enfants en dessous de 13 ans d'âge, et que la majorité s'acquiert à 18 ans dans la plupart des Etats de l'union. Les habitudes d'un pays étranger doivent être laissées derrière soi et qu'il faut s'ajuster le plus rapidement possible aux lois du pays d'accueil. En évitant le plus possible ces contacts inappropriés, on se gardera de bien des déboires. Dont les conséquences peuvent être désastreuses à plus d'un.

RONY JEAN-MARY, M.D.

CORAL SPRINGS FLORIDA / 25 JUIN 2018

Is suicide, the hallmark of a new generation?

Maxime Coles MD

The facts that so many are taking their life away by suicide, are alarming and one must figure out how to enjoy this new Millennium.

I grew up when the existentialist philosophers were trying to influence a generation of young with the concept of a fascinating "Absurd world". This brings me flashback on what we learned in school. We may need to re-evaluate the society in which we are thriving, the same way Albert Camus and others did in the 60's.

Across the USA, Suicide has claimed many lives, in all social ranks but often Depression was to be blamed. Worse, a new study from the CDC reports that Suicide is among the 10th leading cause of Death in the country, after Drug overdose

and Alzheimer.

Many age-groups from 10 to older are affected. Although, it was already noted that between the years 1999 and 2016, a higher death rate by Suicide in the younger than 75 was worrisome. It is only recently that we were able to appreciate a 30% increase in incidence while we find already alarming that mass shooting continues to be another priority. One must keep in mind that the gun debate has only addressed those horrific school shootings, but we may be missing the point because most of death from firearms are by suicide representing 2/3 of gun-related deaths. It means that 16 out of 100,000 will take their own life. In fact, nearly 45,000 lost their life by suicide alone.

It becomes surprising to hear that more than half of the victims have never been diagnosed with a mental illness. Researchers have found a relation with the struggle in a victim's relationships or in their business deals. Half of the suicides recorded were caused by firearms in which group, 50% of individuals were found to suffer of mental illness or exhibit suicidal behavior. Physical Health and jobs issues were also present in 1/5 of the studied cases.

The CDC Violent Death Reporting System collected 20000 suicides in 27 states and divided the victims in age category: 3000 victims were 10 to 24-year-old, 6000 victims were 25 to 44-year-old, 7700 victims were 45 to 54-year-old and the last group with the older than 65-year-old containing 3500. We were not expecting to observe that a state like North Dakota alone will claim a 57% rate of Suicide. Economic conditions and Isolation have placed people at risk.

The CDC believes that Suicide is preventable, and the rate can easily be lowered to 20% by the year 2025 especially when states are working on comprehensive programs, teaching safe storage of medication (pain medicine, ketamine etc.) and firearms. Some states have started to offer community services to avoid isolation and loneliness in the population.

Mark Kaplan DPH at the UCLA Luskin School of Public affairs believes that the CDC may underestimate the true number of suicide victims because so many are classified as "accidental death" or unintentional self-injury death. It is the reason why a true incidence of suicide is unknown.

It is a fact, many people are contemplating suicide in dealing with mental issues, but we must realize that others will never recover from a bad business deal or a bankruptcy debt. They are also at risk.

I remember well the words of Albert Camus: " Don't walk behind me, I may not lead. Don't walk in front of me: I may not follow. Just walk beside me, my friend".

I would like to conclude my thoughts with a short analysis on the book he wrote: "Myth of Sisyphus", where he calls "Absurd", this fundamental conflict between the benefits expected from the world and what we really found in it. We may discover faith or simply admit that life is meaningless. He concluded that Meaningless itself, lead one to commit suicide. This is the third choice in this world devoid of purpose: The "Absurd" is that contradiction in which one attempt to escape.

Many existentialist philosophers have tried to face this "Absurd" world, like (Jaspers, Chestov, Kierkegaard and all), without being able to face it. Camus has described Sisyphus, this Greek mythologic figure who was punished by the Gods, to roll over a rock to the top of the mountain just to realize that he will have to roll it back down and repeat this action again and again. This was the "absurd" struggle of Sisyphus which may parallel the world of privacy of those famous personalities like Kate Spade and Anthony Bourdain who lost their life recently. Should we now look over for a specific drug, more potent drug to treat Depression?

"Johnson and Johnson Cie" is maybe the only large pharmaceutical Firm to make major investments in search of a new antidepressant, named Esketamine which can be used as a nasal spray. This drug will be similar to "special K", purchased in the street for recreational party. It is a derivative of the anesthetic agent Ketamine. Should we look for opportunities to screen people for Depression? Maybe, we will get answers soon.



Reynald Altéma, MD

THE NIGHT WATCHMAN

Sergo, an immigrant with six kids and a wife back home needed to work to feed his family. He has been in the US for two months and just landed his first job. He had to go through the process of obtaining a social security card and had been going to a number of places applying for any position, porter, maintenance, orderly. He was excited about his first position except it was a night job. Not a night owl, he tended to fall asleep quickly around ten in the evening and was a sound sleeper. Shift started at eleven, one hour past bed time. However, he accepted it in a heartbeat. Job description was simple: be awake the whole time on duty, no exception, walk around, check that exit doors were locked, alarm was turned on, inspect the grounds with a fixed schedule. One break of thirty minutes, his own time, off duty. Performance vs unemployment. One week of grace. He would be trained by another watchman. Five consecutive nights and then off two, two weekends a month at a nursing home.

Staying awake on the job versus unemployment; food on the table versus an empty belly, he kept repeating to himself. He has been rooming with a distant relative and feeling uncomfortable not yet able to contribute financially to the expenses. As it was, he had already accumulated quite a bit of debt just to live. His first paycheck would most likely go toward paying his debts. His budget was very tight. He had to watch each penny.

Night one. He trained with a fellow from Martinique, Roland. They spent the first couple of hours together and he was let loose. Roland taught him what and how, and advised him to call in case of any question. The both spoke Creole. Ever the survivor, Sergo brought along a thermos filled with hot coffee and drank a cup each hour to keep him awake. Thermos for six cups for shift spanning eight hours. Dilution of his last two cups with hot water was the solution. No dozing off. The watchman he was replacing, was let go for that reason. Just thinking about it gave him cold sweats and trepidation.

Despite drinking the coffee, staying up was a struggle. Hours seemed to trickle. 2 AM was torture. His eyelids reflexively wanted to shut but he knew better. For a millisecond, he wanted to give in; in a battle for the ages, he fought hard, opened a window on and off to let fresh air blow in. He washed his face several times with cold water and forced himself to keep walking, even pacing the floor rather than sitting down. He had refrained from taking a nap during his break, knowing full well he would have slept for the remainder of the shift. He was hungry but didn't bring any food. He had to survive the first night or else. 7AM didn't come soon enough. Night one was close to nightmare. He barely survived it.

His second night was cold. Winter was on the horizon. One more hassle. Cold averse, shivering in a minute. He stuffed himself. Yet, his toes, nose, ears hurt intensely on exposure to the elements when he made his rounds of the grounds. Paradoxically he started sweating and felt the need to open the coat, only to feel a cold draft suffocating him. Besides

wakefulness, proper insulation for duties performance was another addition to the list or else... His ordeal with the weather seemed to have prevailed over his somnolence. His second night was even worse than the first. The biting cold brought tears to his eyes; the reality of his family back home depending on him kept him going.

Ever the survivor, he inquired from Roland about the proper gear to wear and keep comfy. He learned about thermals. An unexpected expense but a necessity, not an option. He borrowed money and he bought thermals, insulating socks and a beanie. On his third night, he immediately noticed a difference. With thermals, no need of heavy covers; scarf over nose for complete protection. Third night so far was the easiest. Somnolence was less of an issue. His hot coffee was handy.

Fourth night begat another problem, understanding questions on the walkie-talkie. He had yet to master English. English fluency, good insulation, wakefulness, performance or else... Mastering the language was a sine qua non for keeping the job. What to do? Roland suggested a bilingual dictionary, ESL adult night classes.

Going to night classes, then catching bus and be punctual; lateness was not acceptable. Bus stops in frigid weather, another hardship; class textbook, another expense. Another hassle to go to the school to enroll in the English class. Finding bus fare to and from school. More debt piling on.

On the fifth day, adjustment continued. He kept looking at images with words underneath them. He had yet to master pronunciation, a very tall order, the most stressful obstacle so far. Fortunately, a lot of the co-workers were themselves foreigners and sympathized with him, giving him some leeway. When obvious he didn't understand spoken language, face-to-face gestures while talking seemed to help. Telling him a word and asking him to repeat it helped build his vocabulary. Learning the ropes was

occurring progressively. There was something palpable in the air, things seemed to be taking place at a more fluid pace, people seemed to engage him a bit more spontaneously and seemed to be smiling.

He would soon make a remarkable discovery: he became an accepted member of the clan, having survived the week and proven his mettle. In what amounted to an induction, he received an open invitation to get some coffee from the pot always brewing at the lounge. That was part of the culture of working the graveyard shift. Without him knowing, the staff was watching him from afar and up close. His demeanor, his mannerisms all played in the evaluation. Being polite and friendly weighed heavily. He no longer had to worry about his coffee ration. They would allow him to sit and take a break during his rounds from now on. That night for the first time the staff offered him to share their prepared food. So long as he was not asleep, he could rest at the nurse's station for five or ten minutes without any supervisor's fuss, he also found out. Limited leniency, part of a bag of tricks shared among clan members. He had to do whatever it took to keep the job, he kept reminding himself.

Day sixth, he was off. He survived the week. He still had a job he could perform. His major stumbling block was his English learning curve. A long arc to be tackled on a day-to-day basis but he was a survivor. Failure was not an option. He was a member of a special group of individuals uprooting themselves from their homeland to find a better livelihood, willing to do menial jobs the average native citizen was not willing to do. One of the many spokes of the economic wheel.

Then as well as now, two years later, his learning curve with English was still a struggle as he was reminiscing about his first week on the job while training another watchman and teaching him the ropes.

A LA RECHERCHE DE PANEGYRIQUES POUR NOS COMPATRIOTES : UN PROJET DE « KONBIT POU RANJE NODWES (HAITI). »

Notre distingué collègue et ami , Le Docteur Laurent Pierre-Philippe , est l'un des Champions Fanatiques de la Terre Natale. Il s'est impliqué la tâche ardue d'exposer et même sanctifier toutes « découvertes positives » capables de balancer les campagnes de dénigrement contre les Haïtiens, campagnes déclenchées par certains pays de la Caraïbe , des Antilles, des Amériques et même de l'Afrique ; campagnes dénonçant ce que ces Pays appellent le cote négatif de l'Haïtianization (coutumes et mœurs) envahissant leurs Territoires et dégradant leur Culture.

Laurent s'applique à faire ressortir les valeurs de nos Compatriotes doués de certains mérites et à développer des Modèles (Rôle Modèles) pour la Jeunesse Haïtienne. Laurent entend substituer à la pratique de l'Eulogie pour les Défunts l'influence plus bénéfique de la Panégyrie, reconnaissant publiquement des Personnalités Vivantes with « distinguished achievements ».

L' un des Modèles choisis est le Docteur Egel François de Port- de-Paix, HAITI , Chirurgien de Profession , Retraite bien reconnu parmi la Diaspora Haïtienne de New-York , Chicago , Saint-Louis et de Montréal , Canada.

ET IL INCOMBE A MOI , DR ANDRE J.MUZAC, DE FAIRE LA PRESENTATION.

Pas une tâche difficile, puisque je connais le Dr Egel François depuis 1964 (Il était à ce moment -là Senior Surgical Résident à Harlem Hospital, une division lors du Columbia Presbyterian Médical Center of New-York, N.Y.).

Pas une tâche difficile, puisque je pratique Egel depuis 54 ans ; il fut mon Attending Surgeon durant ma Résidence en Chirurgie à Saint-John's Episcopal Hospital , Brooklyn ,N.Y. (1967).

Dans le cadre compétitif de la Pratique Chirurgicale à Brooklyn, sur un champ de bataille ou des Professionnels de la Minorité Noire, Ouest-Indienne , Philippine, Indienne, Sud et Centro-Américaine se lançaient constamment des flèches néfastes et dégradantes , EGEL n'a pas eu peur de prendre position et me définir en Présentation Publique (Gala Réception Médicale) avec des qualificatifs qui honorent un Compatriote : -Sincérité et Honnêteté ; Rectitude et Inflexibilité ; Dévotion et Respect pour les Responsabilités.

One cannot forget the courage of a Colleague. Furthermore, as an unselfish Mentor, repeatedly EGEL took the precaution to caution me against the potential damages of two particular weaknesses:- the use of straight and strong language (this bad habit of calling the beast by its name); never say to a lady "what an ugly woman ! your face could stop the clock !" Change for "what a beauty! when the Sun sees you, it stands still"; in other words, the Earth is not turning anymore.

: - confronting /affronting difficulties face to face ; when you are caught by the rage of a flood, do not offer your chest or your back , take the oblique position, expose your flank, let the water pass before and behind your thighs and legs. I always repeat: if I were listening to Egel instead of playing stubborn, I could have avoided many complications in life. All of the above to underline that I can define Egel by the following qualificatives:

-A devoted Family Man;

-Un Homme plein de simplicité et Humilité ;

-Always ready to share knowledge and goods;

-An easy going Professional, full of compassion, of patience in teaching; a Peace-Maker who enjoys life with Friends;

-For the Haitian Medical Community, the Wise, Le Sage, who loves the Chairmanship of the AMHE Election Committee: he excels in putting Government in Place.

Un Père de Famille dévoué à l'éducation de ses enfants ; évitant la violence des punitions, préférant le dialogue avec les adolescents et parlant le langage de la jeunesse, des teen-agers en rébellion. Un père qui a pu préparer sa fille à être Juge de Tribunal a New-Jersey, USA... En fin de semaine, Egel prend soin du nettoyage de la maison et du back yard, et partage le « barbecue-goat » avec les amis. Au restaurant ou à une soirée de gala, Egel ne discute pas le montant collectif du bordereau : Always ready to Share. Usually, he does not hesitate to cover friends.

Symbole de Simplicité et d'Humilité : Egel is not a show-man , but an every day guy, joking with everybody. In the Hospital Cafeteria , “ a well done steak , a piece of cake and a cup of coffee “ ; the black worker from the South at Harlem Hospital is not disposed to guess anything from the funny Haitian accent, better use simple words slowly if one wants to eat.

Very rarely, one would hear Egel claiming “ I am a Doctor, a Fellow of the American College of Surgeons “. He takes care of patients conscientiously without pushing anxiety too far. I like this one : one night as a Resident, I called Egel for a patient admitted with an abdominal gunshot wound; I am asking him to hurry up for the operating room, because the patient is in a poor condition. Answer :”cool it up ! you are the physician, keep him alive; I am not going to kill myself on the Highway, exceeding the speed limits, I did not shoot the Guy! “

SO , I CALL EGEL THE BIG EASY ! BUT HE PREFERS THE OTHER NAME :” UN HERO DANS L'OMBRE”.

Pourquoi ? -Parce qu'il est toujours là pour les Autres. Et j'explique, répétant ce que j'ai eu à dire, il y a des années, quand le Président du Chapitre de New-York de l'AMHE , le Dr Lionel Lefevre, me choisit pour présenter Egel comme HONORE , lors d'un Diner-Gala, le samedi 8 Avril 2006 , au Jéricho Terrace, Mineola, New-York.

-When the Haitian Physicians of New-York finally realized in 1972 that the Haitian Community in North America was a minority among a number of Minorities, that their professional interests and their needs for survival were quite different; when they realized the necessity of a Professional Association for their protection and their defense , Dr Egel Francois was THERE.

- When it was time to write the By-Laws and a Constitution for that Association, when emotional debates contaminated with “Political Venoms” threatened to drown the Newly-Born, Dr Egel Francois was THERE in the Auditorium of Martin Luther King of Harlem Hospital to diffuse any implosion. The Haitian Immigrants had brought with them to North America the political passions of 1957 which divided Haiti between Fignolists, Jumellists, Dejoists, Duvalierists. A MODERATE VOICE, A TAMPON, A SHOCK ABSORBER WAS URGENTLY NEEDED TO HELP THE HAITIAN PHYSICIANS RAISE THEMSELVES ABOVE POLITICAL DIVISION FOR THE VICTORY OF A COMMON CAUSE : DR EGEL FRANCOIS WAS THERE.

- When recruiting became a must in an effort to augment the number of Participants, Dr Egel

Francois was there , crossing on Saturday Night the streets of Queens, N.Y., under snow and rain to attend Haitian Private Parties and address the gathering of Colleagues and Friends celebrating in their apartments and/or basements an anniversary or something else.

-When , in 1981, the Haitians in USA were targeted as a group at risk for AIDS , and the AMHE decided to join force and work with Community Leaders of New-York in an attempt to reverse the Center for Diseases Control (the CDC) position and remove the Haitian name from this famous list of 4 H (homosexuals, hemophiliacs, heroin-addicts, Haitians) , Dr Egel Francois was THERE. When our researches took us to the Olofson Hotel and Club Med in Haiti to investigate the collaterals of the “Male Prostitution Developing Industry “, Dr Egel Francois was THERE.

- When, more recently, in 1998 , at the annual congress of AMHE , at the Club Med , Montrouis ,Haiti, a few young members of the Association rose their voice demanding the retreat of the “Veterans- Dinosaurs” and pleading for “ infusion of new blood in Executive Positions” , Dr Egel Francois kept his cool and philosophically said “ It seems that Revolution is about to devour its own Sons ! Let the Youngs take the Flag; if they want, we shall be there to serve as Advisors.”

-Following Annual Conventions of the AMHE took place in Montreal, Mexico, Aruba, Cruise Ship, Puerto-Rico, Costa Rica; the last one , July 2017, in the Decameron Resort , Haiti; one is already scheduled for July 2018 at the Decameron Resort in Cartagena, Columbia. Egel is always there to support the Haitian Cause.

One of the multiple reasons why I think that it is not difficult to offer Egel as a Model to follow.

ANDRE J. MUZAC, MD, FACS



Published on the AMHE Facebook page last week

Articles parus sur la page Facebook de l'AMHE durant la dernière semaine

Examens officiels : A 76 ans, il est en 9ème année fondamentale! - In search of the blue Nevus. MC
 - California recorded more than 300,000 cases of sexually transmitted disease in 2017, a 45% jump from 5 years earlier. - Hand-foot-and-mouth disease is contagious -- and tends to spread in summer and early fall. Symptoms to watch for: - The generations that followed the steps of Dr. Jeannot Cadet MD. - A recent CDC study found that cases of Lyme disease increased more than 80% between 2004 and 2016.

And more...

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Haiti: The American Haitian Nurses Association HANA - 7th Congress



The Association of Haitian HANA Nurses is getting ready for the 7th Congress which will take place in Haiti from July 11th to 15th 2018 at Royal Decameron Indigo Beach Resort & Spa in the area of the Côte des Arcadins. The Haitian Nurses Association of the United States is among the largest professional Haitian associations in the United States.



This congress of Haitian-American Nurses in Haiti will be a great opportunity for Haitian nurses from the United States to share and exchange their knowledge with the nurses of Haiti. HANA has always shown her great love for her homeland of Haiti and has always proven her immense desire to accompany Haitian nursing students and Haitian nurses. Every year the members of the Haitian Nurses Association of the United States make several trips to Haiti to contribute to Haiti's health system. Staff of the weekly newsletter of the National Center's weekly bulletin and Radio Télé Solidarité appreciate the tremendous work of the HANA Haitian Nurses Association in the Haitian community both in Haiti and in the United States



Marsha Eloi
President of Haitian American Nurses
Association of Florida(HANA)



Dr Marie Etienne ,
DNP, APRN, PLNC

The staff of the Weekly Bulletin of the National Center of the Haitian Apostolate and Radio Télé Solidarité will do their best to inform you about this Congress of Nurses in Haiti. The objectives of this 7th Convention will be: Objectives of the Convention

- Bridging the gap between nurses in Haiti and the United States through exchange of ideas, collaboration and tested practices.
- Giving nurses and other paramedical professionals the means to engage in health policies and interventions that will improve quality health care and health outcomes.
- Collaborate with allied health professionals using strategies to effectively address the 21st century's health challenges

Bishop Guy Sansaricq and his committees are already in contact with the HANA Haitian Nurses Association to have them write a chapter on Haitian American nurses in the book to be written on the contribution of Haitians in the United States.

Bishop Guy Sansaricq takes this opportunity to wish the HANA Haitian Nurses Association a very successful conference in these words:

Dear members of the Haitian Nurses Association: Congratulations on your admirable goals and achievements! You stand tall as a most active and generous Association. You are a model that other Haitians Associations should strive to emulate. Continue your inspiring good work that will benefit equally those who give and those who receive. May the Lord bless you with much success!

Brother Tob



AMHE Students Resident Corner

Thara JEUDY, MD, Chief Resident of Pediatrics, 3rd year at
Hospital Universitaire de la Paix, Port-au -Prince, Haïti

Report of Rotation at the Brooklyn Hospital Center From March 1, 2018 to June 1, 2018



[To see the full document](#)

To the new residents

Sorry for not being able to be at the rendez-vous last Friday. We want to welcome you and wish you a happy year in the institutions where you have been matched to. Dr Herold Duroseau and all in the chapter of New-york and in the entire AMHE would look for your participation in the AMHE activities and hope you will consider to join an association which is yours. As a resident, it will be free of charge but we will need your input for the growth of the association.

I invite you to visit our homepage at amhe.org and to register for the reception of the newsletter. We wish also that you will find time to bring recommendations and develop hopefully new ideas to expand the horizons of the association. Please take time to get use with the homepage, the JAMHE , thew corner of the residents etc.

We are proud to be of Haitian origin. I took the liberty to send you some past editions of our newsletter for a "bonne" Lecture. Be sure to send article of importance for possible publication. I am in the process of placing on our Facebook page, pictures taken during Friday night Greet and Meet. We hoped you enjoyed the reception.

You can reach me at 203 395 1934 if I can be of any help.

Congratulations again for being accepted as resident.

Maxime Coles MD

[Photo Album](#)

Sur les facultés de Médecine et de Pharmacies en Haïti:

Un nouvel article, paru dans le Nouvelliste, cette semaine, le 6 juin 2016, doit être lu par la gentille médicale de chez nous et à l'extérieur. Alors que nous vivons avec un ultimatum imposé par les centres américains, responsables d'accréditation, et permettant à nos jeunes de parfaire leurs connaissances, nous apprenons l'existence de 18 universités en Haïti capable d'enseigner la Médecine et la Pharmacie mais heureusement seulement 6 sont reconnues. Il est stipulé qu'en 2023, ces dites universités et leur faculté en Médecine devront être à même de produire des médecins capables de bénéficier d'un enseignement plus spécialisé après un remaniement approfondi du Curriculum et des changements dans l'enseignement en général. Une fois accompli, les centres d'accréditation comme le ECFMG, re-évalueront les conditions permettant à nos diplômés de se rendre aux États-Unis pour parfaire leur spécialisation.

Maxime Coles MD

Formation médicale/santé en Haïti

Six facultés de médecine sont reconnues par le ministère de la Santé publique

Il y a 18 facultés de médecine légalement enregistrées au Ministère de la Santé Publique et de la Population (MSPP). 6 d'entre elles sont reconnues, 12 ont un dossier en cours d'étude. La procédure? Rigide, controversée, elle suscite le débat.

Publié le 2018-06-06 | Le Nouvelliste

National -

Les derniers chiffres font état de 6,5 professionnels de santé pour 10 000 habitants en Haïti, loin des normes de l'OMS qui fixent une valeur minimale de 25 professionnels de santé pour 10 000 habitants. Il y a trois mois environ, la Direction de la formation et de perfectionnement en sciences de la santé (DFPSS) du MSPP avait annoncé en grande pompe le nombre de facultés de médecine reconnues en Haïti. Dans une entrevue exclusive accordée au quotidien Le Nouvelliste, le directeur de la DFPSS dévoile les noms et la procédure de reconnaissance.

« Être une faculté de médecine reconnue n'est pas statique. Il y a des dossiers qui sont en cours d'évaluation, parmi eux, certaines autres facultés de médecine seront reconnues et d'autres pourront perdre leur reconnaissance », a déclaré le Dr Vladimir Larsen, directeur de la formation du ministère.

Les 6 facultés sont: les facultés de médecine de l'Université Quisqueya, l'Université d'État d'Haïti, l'Université Notre-Dame d'Haïti, l'Université Royale d'Haïti, l'Université Lumière, l'Université de la Fondation du Dr Aristide.

La reconnaissance est accordée pour une période de 5 à 10 ans au maximum, renouvelable sur vérification satisfaisante. « A ce stade, la reconnaissance de beaucoup de facultés de médecine arrive à son terme, il faut une évaluation

approfondie de ces 6 facultés pour qu'elles puissent garder l'autorisation de fonctionnement », a souligné le Dr Vladimir Larsen.

Pour les 12 autres facultés de médecine, le Dr Larsen n'a pas voulu citer de nom. Il n'entend pas non plus faire d'annonce officielle avant que l'évaluation soit terminée. Cependant, force est de constater qu'il existe bien plus que 6 facultés de médecine en Haïti. A l'heure où la médecine haïtienne est contrôlée à la loupe par les experts venus de partout, quelles sont les conditions de reconnaissance d'une faculté de médecine?

Une personne désireuse de mettre en place une faculté de médecine doit remplir, entre autres, ces conditions:

Des frais d'étude de dossier qui s'élèvent à deux cent cinquante mille (250,000.00) gourdes pour la première évaluation et à cent cinquante mille (150,000.00) gourdes pour les évaluations subséquentes. La faculté de médecine doit obligatoirement être rattachée à une université. Il existe un profil de médecin et une philosophie clairement définie pour y arriver tels que la présentation des grandes méthodologies de l'institution ainsi que la gestion curriculaire. Dans un document qu'il aura à présenter, la faculté doit montrer les démarches qu'elle compte entreprendre pour avoir une bonne gouvernance académique et administrative.

Le chapitre qui suscite des controverses est celui relatif aux stages hospitaliers. Dans le document, il est dit que la faculté doit être affiliée à un hôpital à vocation universitaire. Combien existe t-il d'hôpitaux à vocation universitaire en Haïti?

Selon le directeur de la formation au Ministère de la Santé publique et de la Population, une faculté peut être affiliée à plusieurs hôpitaux, mais un hôpital ne peut pas être affilié à plusieurs facultés comme c'est déjà le cas.

En Haïti, il y a environ 4 hôpitaux universitaires et 3 centres hospitaliers spécialisés. Le MSPP est en train de jongler entre un système où il n'y a pas assez de professionnels de santé par habitant et un système où les facultés de médecine se juxtaposent à longueur de rue. Faut-il verrouiller le système au risque qu'il devienne inaccessible? Ou faut-il l'ouvrir au risque que la médecine haïtienne ne soit plus crédible?

Mieux encore, comment créer un système équitable où les personnes désireuses de mettre en place une faculté de médecine ne butent pas contre des obstacles rédhibitoires?

Comment trouver la bonne formule?

En attendant, une grande partie de nos médecins formés à l'étranger ne retournent plus au pays. D'autres formés en Haïti quittent le pays au premier prétexte qui se pointe devant eux. Comment le MSPP, loin de générer la peur, peut-il inciter le secteur privé à investir dans le secteur de la formation médicale en Haïti?

Les petites annonces du Newsletter

Pour toute information concernant le service de petites annonces du Newsletter, veuillez contacter Myriame Delva à cette adresse : mdelva@amhecec.org

Upcoming Events



H.A.N.A.

HAITIAN AMERICAN NURSES ASSOCIATION (HANA)

Presents



7th Annual Leadership Convention 2018

Theme: Promoting a collaborative approach among multidisciplinary professionals by optimizing education, leadership, research, and technology.

<p>LATE REGISTRATION UNTIL MAY 29</p> <p>HANA MEMBER \$400</p> <p>NURSING STUDENT \$150*</p> <p>RETIRED NURSE \$200</p> <p>LOCAL LICENSED NURSE \$375</p> <p>NON-HANA MEMBER \$500</p> <p>HANA CLOSING GALA TICKET \$65</p>	<p>ROYAL DECAMERON INDIGO BEACH RESORT & SPA. an all-inclusive resort CÔTE DES ARCADINS, HAITI JULY 11TH - 15TH 2018</p>
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**Up to 14 Nursing CEUs
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*All student registrants will need to provide their student ID# and upload a scanned copy for verification.

Register today online at WWW.HANACONVENTION2018.COM
For more information please contact us at Info@hanaconvention2018.com

The 45th AMHE Annual Convention

There is still time to join the 2018 AMHE Convention...

Dear AMHE members, family, and friends;

This email is to remind you that while many of you have booked your hotel and reserved your seat for 2018 AMHE Convention there still is time for those of you who have not yet made the final decision to still join us.

We are delighted that many of you will be joining us at the convention this year. We know you have many other choices and that your decision to join us at the convention is a way of telling us that AMHE matters to you. Hence, we are putting our best foot forward to make sure you will have a great time in Baru, Columbia so can you enjoy a great time networking among your peers.

If you are still thinking about joining us, pick up the phone and call us at once so we may accommodate you with the last few rooms remaining.

We are looking forward to hearing from you soon!

Sincerely,

Karl Latortue
Karl Latortue, MD
Vice President, AMHE
Chair 2018 Convention
Committee



**AMHE 45TH ANNUAL
CONVENTION**

A gathering of Healthcare Professionals and friends



DATE: JULY 22-29, 2018

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FOR MORE INFORMATION PLEASE
CONTACT: MYRIAME DELVA

(718) 245-1015 OR VISIT US
ONLINE: AMHE.ORG